

Nomination of beneficiary form

Scheme Name: HyperBolic Pension SSAS (hereinafter referred to as the scheme)

Personal details:

Full name including title: Mrs. Claudia Rose

Date of birth: 23.01.1976

In the event of my death, I, the member of the scheme in trust, request that the funds should be paid to (please refer to the notes below):

Name: Neville Rose Address: 16 Glenwood , Broxbourne , Hertfordshire , EN10 7LP Proportion % 100	Name: Address: Proportion %
Name: Melissa Tara Rose Address: 16 Glenwood , Broxbourne , Hertfordshire , EN10 7LP Proportion % 50	Name: Jessica Asta Rose Address: 16 Glenwood , Broxbourne , Hertfordshire , EN10 7LP Proportion % 50

Declaration

I confirm that:

- i) this supersedes all previous beneficiary nominations; and
- ii) I may revoke this request at any time by submitting a new form to the scheme Administrator

Signature of member: 

Date: 3rd January 2025

Notes:

The member's estate cannot be nominated.

If the member does not complete a nomination form the death benefit would be payable to (or may be applied for the benefit of) such one or more of the member's dependants or named class as the nominated trustee decides, acting in accordance with the governing Trust Deed and Rules.